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ABSTRACT

The purpose of this study was to develop and establish psychometric properties of the Sexual Orientation Counselor Scale (SOCS), an instrument assessing the awareness, skills, and knowledge of counselors working with lesbian, gay, and bisexual (LGB) populations. The sample consisted of 287 undergraduates, master-level students, doctoral-level students, and counseling psychologists. Factor analysis indicated three distinct factors (awareness, skills, and knowledge). Internal consistency of the SOCS was .91 and one-week test-retest reliability was .84. Criterion validity was demonstrated by the significant relationship found between SOCS scores and participants' education level, sexual orientation, and religious conservatism. The SOCS was minimally correlated with the Beck Depression Inventory (BDI), establishing discriminant validity. Significantly strong correlations were found between the SOCS and measures of homoprejudice, multicultural counselor competency, and counselor self-efficacy; thus, convergent validity for the SOCS and its three competency subscales (awareness, skills, and knowledge) was established. Results from this study demonstrate that the SOCS is a reliable and valid instrument assessing the awareness, skills, and knowledge of counselors working with LGB clients. Limitations and implications for future research on the construct and measurement of sexual orientation counselor competency are explored. (Contains 21 references and 6 tables.) (Author)

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Extending Multicultural Counselor Competence to Sexual Orientation

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Paper presented at the 2003 Annual Convention of the American Counseling Association March 2003, Anaheim

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Abstract

The purpose of this study was to develop and establish the psychometric properties of the Sexual Orientation Counselor Scale (SOCS), an instrument assessing the awareness, skills, and knowledge of counselors working with lesbian, gay, and bisexual (LGB) populations. The sample consisted of 287 undergraduate, master-level students, doctoral-level students, and counseling psychologists. Factor analysis indicated three distinct factors (awareness, skills, and knowledge). Internal consistency of the SOCS was .91 and one-week test-retest reliability was .84. Criterion validity was demonstrated by the significant relationships found between SOCS scores and participants' education level, sexual orientation, and religious conservatism. The SOCS was minimally correlated with the Beck Depression Inventory (BDI), establishing discriminant validity. Significantly strong correlations were found between the SOCS and measures of homoprejudice, multicultural counselor competency, and counselor self-efficacy; thus, convergent validity for the SOCS and its three competency subscales (awareness, skills, and knowledge) was established. Results from this study demonstrate that the SOCS is a reliable and valid instrument assessing the awareness, skills, and knowledge of counselors working with LGB clients. Limitations and implications for future research on the construct and measurement of sexual orientation counselor competency are explored.

Review of Literature

The development of instruments to assess multicultural counselor competency have been heralded as one way to address the need for delivering competent psychological services to ethnic/racial minority populations (Pope-Davis & Coleman, 1997). The instruments developed to date all define the construct of multicultural counselor competency as having at least three common elements. These include the awareness or beliefs, knowledge, and clinical skills of a counselor when working with ethnic/racial minority clients (D'Andrea & Daniels, 1991; LaFromboise, Coleman, & Hernandez, 1991; Ponterotto, Rieger, Barrett, & Sparks, 1994; Ponterotto, Sanchez, & Magids, 1996; Pope-Davis & Coleman, 1997; Sodowsky, Taffe, Gutkin, & Wise, 1994; Sue, Arredondo, & McDavis, 1992).

Despite numerous studies (Buhrke, 1989; Casas, Brady, & Ponterotto, 1983; Phillips & Fischer, 1998; Pilkington & Cantor, 1996) that document bias and discrimination concerning the delivery of psychological services to LGB populations, no instrument has been developed to assess counselor competency concerning this minority group. The current study addresses this problem by developing a reliable and valid instrument, the Sexual Orientation Counselor Scale. By developing such instruments, sexual orientation counselor competency becomes more fully realized as a viable construct to be included within the growing investigation of counselor multicultural competency research. Clearly the development of measurement tools for multicultural counselor competency has fueled considerable amounts of research and theoretical advancements pertaining to how counselors can work more effectively with ethnic and racially diverse populations. It reasons the development of instruments assessing LGB counselor competency will spark similar theoretical and applied training advancements.

Method

The sample consisted of 287 participants of which 77% (221) were female and 23% (66) were male. Roughly 86% ($\underline{n}$ = 246) of the sample reported being heterosexual, 12% reported a lesbian, gay, or bisexual orientation ($\underline{n}$ = 33), and 3% preferred not to respond to this question. The sample included 49 (17%) undergraduate student, 156 (54.4%) master-level school or community counseling students, 50

(17.4%) doctoral-level clinical or counseling students, and 32 (11.1%) psychologists. Participants were voluntarily recruited from universities in California, Nevada, Texas, and Ohio. Table 1 details the ethnic/racial makeup of the sample.

Table 1

Ethnic/Racial Breakdown

Category	Frequency	Percent
African American/Black	20	7.0
Asian American/Pacific Islander	31	10.8
Native American	2	.7
European American/White	172	59.9
Latino/a	35	12.2
Biracial	14	4.9
Other	6	2.1
Declined to Respond	7	2.4

In addition to a demographic questionnaire and the Sexual Orientation Counselor Scale, the following psychometrically established scales were administered: (a) Multicultural Counseling Knowledge and Awareness Scale (Ponterotto et al., 1996); (b) Counselor Self-Efficacy Scale (Melchert, Hays, Wiljanen, & Kolocek, 1996); (c) Attitudes Toward Lesbians and Gay Men Scale (Herek, 1998); and, (d) Beck Depression Inventory (BDI) (Beck, Steer, & Garbin, 1988). Individual SOCS questions were developed by reviewing the literature and drawing on items from the Multicultural Counseling Knowledge and Awareness Scale (Ponterotto et al., 1996). In addition, skill-based items from the Multicultural Awareness-Knowledge-Skills Survey (D'Andrea, Daniels, & Heck, 1991) were reviewed to help develop skill subscale questions on the SOCS. The SOCS has a Likert scale ranging from 1-7 (1 = not at all true, 4 = somewhat true, and 7 = totally true).

Results

The results will be presented as follows: (a) factor analysis; (b) descriptive statistics for the SOCS, (c) reliability; (d) criterion validity; and, (e) discriminant and convergent validity. All data were analyzed using SPSS computer software.

Factor Analysis

An exploratory factor analysis was conducted on the 45 original SOCS items using principal-axis factoring procedures and oblique rotation; see Table 2 for factor loadings. The a priori decision rules included a minimum loading of .30 for an item to be interpreted as part of a factor and a factor needed to have at least four items to be included. Based on the results from the exploratory factor analysis and the a priori decision rules, a three-factor solution was judged to yield the most parsimonious solution.

The three-factor solution accounted for 40% of the total variance. The three factors were labeled (a) Skills, consisting of twelve items focusing on a counselors direct clinical experience with LGB clients; (b) Awareness, including ten items that deal with a mental health professional's attitudes and opinions about LGB clients; and (c) Knowledge, consisting of seven items examining a clinicians understanding of specific issues facing LGB clients in general and regarding mental health services. The eigenvalues for the three subscales are 11.04, 4.29, and 2.48, respectively. These three factors conform well to the previous conceptualized multicultural counselor competency models (D'Andrea & Daniels, 1991; Ponterotto, Sanchez, & Magids, 1996; Pope-Davis & Coleman, 1997; Sodowsky, Taffe, Gutkin, & Wise, 1994; Sue, Arredondo, & McDavis, 1992).

Table 2

Pattern Matrix Factor Loading Estimates on the Four-Factor Oblique Model With the Sexual Orientation Counselor Scale

Item #	Item Summary	Factor Loading 1	2	3
	Skill Subscale			
4.	I have experience counseling gay male clients	.91	.02	-.02
20.	I have experience counseling bisexual (male or female) clients	.89	.01	-.05
7.	I have experience counseling lesbian or gay couples	.86	.02	-.06
8.	I have experience counseling lesbian clients	.84	.01	.01
6.	At this point in my professional development, I feel competent, skilled, and qualified to counsel LGB clients	.76	-.04	-.10
12.	I have been to in-services, conference sessions, or workshops, which focused on LGB issues in psychology	.73	-.04	.25
1.	I have received adequate clinical training and supervision to counsel lesbian, gay, and bisexual (LGB) clients	.68	.00	.08
15.	I feel competent to assess the mental health needs of a person who is LGB in a therapeutic setting	.60	-.04	-.11
24.	Currently, I do not have the skills or training to do a case presentation or consultation if my client were LGB*	-.55	.00	.33
3.	I check up on my LGB counseling skills by monitoring my functioning/competency-via consultation, supervision, and continuing education	.55	.01	.11
29.	I have done a counseling role-play as either the client or counselor involving a LGB issue	.45	.07	.16
16.	I am knowledgeable of LGB identity development models	.45	.04	.11
	Awareness Subscale			
32.	When it comes to homosexuality, I agree with the statement: "You should love the sinner but hate or condemn the sin" *	-.07	.84	.09
30.	Personally, I think homosexuality is a mental disorder or a sin and can be treated through counseling or spiritual help*	-.02	.82	.01
2.	The lifestyle of a LGB client is unnatural or immoral*	-.09	.78	.01
17.	I believe that LGB couples don't need special rights (domestic partner benefits, or the right to marry) because that would undermine normal and traditional family values*	.06	.72	-.10
18.	It would be best if my clients viewed a heterosexual lifestyle as ideal*	-.01	.69	-.10
31.	I believe that all LGB clients must be discreet about their sexual orientation around children*	-.106	.55	.01
23.	I think that my clients should accept some degree of conformity to traditional sexual values*	.07	.53	.08
10.	It's obvious that a same sex relationship between two men or two women is not as strong or as committed as one between a man and a woman*	.07	.52	-.02
11.	I believe that being highly discreet about their sexual orientation is a trait that LGB clients should work towards*	.04	.43	.01
25.	I believe that LGB clients will benefit most from counseling with a heterosexual counselor who endorses conventional values and norms*	.18	.38	-.03
	Knowledge Subscale			
22.	I am aware that counselors frequently impose their values concerning sexuality upon LGB clients	.02	.00	.68
28.	I feel that sexual orientation differences between counselor and client may serve as an initial barrier to effective counseling of LGB individuals	-.03	.10	.66
13.	Heterosexist and prejudicial concepts have permeated the mental health professions	.00	-.12	.57
5.	LGB clients receive "less preferred" forms of counseling treatment than heterosexual clients	-.10	-.05	.55
26.	Being born a heterosexual person in this society carries with it certain advantages	.03	-.01	.48
9.	I am aware some research indicates that LGB clients are more likely to be diagnosed with mental illnesses than are heterosexual clients	.17	.08	.46
21.	I am aware of institutional barriers that may inhibit LGB people from using mental health services	.24	-.02	.41

Note. * Items are negatively scored

Descriptive Statistics for the SOCS

For ease of comprehension, all scores generated from the SOCS were converted or averaged to represent the originally utilized Likert scale that ranged from 1.0 to 7.0. Thus, low scores (between 1.00 – 2.00) represent lower competency, medium scores (3.00 – 5.00) represent moderate competency, and high scores (6.00 – 7.00) represent higher competency. The shape of the distribution of SOCS scores was normal and the overall mean score for the SOCS was 4.47 (SD = 0.90) with scores ranging from 2.45 to 6.62. The distribution for the Skills subscale was positively skewed with a mean of 2.81 (SD = 1.48) and scores ranged from 1.00 to 6.92. The Awareness subscale was negatively skewed and had a mean of 6.46 (SD = 0.80) with scores ranging from 3.10 to 7.00. The mean score for the Knowledge subscale was 4.47 (SD = 1.10) with scores ranging from 1.71 to 6.71. The Knowledge subscale was nearly evenly distributed. Intercorrelations between subscales were relatively weak (ranging from .27 to .41).

Reliability

The coefficient alpha was .91 for the overall SOCS, .88 for the Awareness subscale, .92 for the Skills subscale, and .73 for the Knowledge subscale. The one-week test-retest reliability correlation coefficient for the overall SOCS was .84. The reliability estimates indicate that the SOCS and its subscales are internally consistent and stable over a one-week period.

Criterion Validity

Criterion validity was established by comparing SOCS scores with the sexual orientation, level of education, and religious ideology of participants. From the literature, it was predicted that: (a) LGB participants would score higher on the SOCS; (b) participants with higher levels of education would score higher on the SOCS; and, (c) participants with higher levels of religious conservatism would score lower on the SOCS. Results from a one-way ANOVA indicate that those with higher education levels do score significantly higher on the overall SOCS, $F_s(3, 283) = 68.48$, $p = .00$. as well as on the Awareness, Skill, and Knowledge subscales, $F_s(3, 283) = 4.20, 110.67, 18.23$, $p_s = .00$. Table 3 provides a breakdown of SOCS scores by education levels.

Table 3

Mean SOCS and Subscale Scores for Education Levels

Education Level		Skill	Aware	Know	SOCS
Undergraduate Students					
(n = 49)	M	1.60	6.56	4.12	3.93
	SD	0.43	0.56	1.01	0.42
MA/MS Students					
(n = 156)	M	2.57	6.33	4.23	4.26
	SD	1.09	0.91	1.07	0.77
Doctoral Students					
(n = 50)	M	2.91	6.58	4.96	4.68
	SD	1.32	0.79	1.06	0.77
Psychologists (Ph.D.)					
(n = 32)	M	5.65	6.80	5.42	5.99
	SD	0.67	0.29	0.53	0.40

Note. Skills = Skills subscale; Aware = Awareness subscale; Know = Knowledge subscale; SOCS = Sexual Orientation Counselor Scale.

An independent t-test was calculated comparing LGB and heterosexual respondents' SOCS and subscale scores. Significant differences were found between the two groups' Skills subscale scores, $t(277) = -4.59$, $p = .00$, Awareness subscale, $t(277) = -2.70$, $p = .01$, and overall SOCS scores, $t(277) = -4.65$, $p = .00$. No statistical differences were discovered between heterosexual and LGB participants' scores on the Knowledge subscale, $t(277) = -1.55$, $p = .12$. Table 4 describes the breakdown of SOCS scores by sexual orientation of participants.

Table 4

Mean SOCS Scores for Heterosexual and LGB Participants

	Heterosexual		LGB	
SOCS Scores	M	SD	M	SD
Skills	2.64	1.31	3.84	2.04
Awareness	6.43	.83	6.82	.30
Knowledge	4.44	1.06	4.75	1.21
SOCS	4.38	.83	5.11	1.01

Note. Skills = Skills subscale; Awareness = Awareness subscale; Knowledge = Knowledge subscale; SOCS = Sexual Orientation Counselor Scale.

Table 5

Mean SOCS and Subscale Scores for Religious Conservatism

Religious Category		Skills	Aware	Know	SOCS
Atheist/Agnostic					
(n = 60)	M	3.14	6.82	4.71	4.80
	SD	1.75	0.27	1.06	0.88
Conservative					
(n = 49)M		2.42	5.78	4.17	4.00
	SD	1.34	1.23	1.17	0.98
Moderate					
(n = 61)M		2.43	6.24	4.20	4.17
	SD	1.16	0.84	1.04	0.75
Liberal					
(n = 114)	M	3.00	6.69	4.61	4.66
	SD	1.47	0.47	1.07	0.81

Note. Skills = Skills subscale; Aware = Awareness subscale; Know Knowledge subscale; SOCS = Sexual Orientation Counselor Scale.

Table 5 provides the mean scores and standard deviations for the four religious ideology groups examined (Atheist/Agnostic, Conservative, Moderate, and Liberal). Results indicate a significant difference between the four groups and their SOCS scores, $F(3, 280) = 12.84$, $p < .000$. Post hoc (Scheffe) comparisons indicated significant differences between several groups. There were significant

differences between the overall scores of Atheist/Agnostic and liberal respondents compared to conservative and moderate respondents, with Atheist/Agnostic and liberal reporting higher SOCS scores. No differences were found between overall SOCS scores between Atheist/Agnostic and Liberal respondents. Looking at specific SOCS subscales, there were no significant differences between the four groups and their Knowledge or Skill scores. Non-religious and liberal respondents had significantly higher Awareness scores compared to moderate and conservative respondents. This information tells us that non-religious and liberal respondents have overall similar scores; likewise, these two groups significantly outperform religious conservatives and moderates on the overall SOCS score and the Awareness subscale. It seems all groups perform similar on the Knowledge and Skill subscale.

Discriminant and Convergent Validity

Comparing the SOCS with the Beck's Depression Inventory (Beck et al., 1988) assessed discriminant validity, since these two instruments assess widely divergent constructs. As can be seen in Table 6, the correlation between the SOCS and the BDI was very low. While the correlation is statistically significant, its low value indicates little predictive or clinical importance. Convergent validity was established for the SOCS and its three subscales (Awareness, Knowledge, and Skill) by comparing scores with three psychometrically established measures: (a) Attitudes Toward Lesbians and Gay Men Scale (Herek, 1998); (b) Multicultural Counseling Knowledge and Awareness Scale (Ponterotto et al., 1996); and, (c) Counselor Self-Efficacy Scale (Melchert et al., 1996). Table 5 shows the correlation coefficients across instruments and subscales.

The SOCS was compared with the Attitudes Toward Lesbians and Gay Men Scale (Herek, 1998) to validate the overall scale as well as the Awareness subscale. It was expected and subsequently confirmed that total SOCS scores would correlate negatively with the Attitudes Toward Lesbians and Gay Men Scale, $r(234) = -.55$, $p = 00$. As predicted, the Awareness subscale scores had the strongest negative correlation, $r(234) = -.80$, $p = 00$.. Convergent validity for the SOCS Knowledge subscale was assessed by comparing the SOCS to the Multicultural Counseling Knowledge and Awareness Scale (Ponterotto et

al., 1996). This instrument is an excellent scale to assess specific knowledge components of multicultural counselor competency. As expected, the Knowledge subscale on the Multicultural Counseling Knowledge and Awareness Scale (Ponterotto et al., 1996) correlated the strongest with the SOCS's Knowledge subscale, $r(255) = .56$, $p = 00$. Lastly, to assess the validity of the Skills subscale, the SOCS was compared to the Counselor Self-Efficacy Scale (Melchert et al., 1996). The Skills subscale on the SOCS demonstrated the strongest relationship with the Counselor Self-Efficacy Scale $r(249) = .53$, $p = 00$.

Table 5

Correlations of the SOCS with Convergent and Discriminant Validity Measures

	SKILL	AWAR	KNOW	SOCS	ATLG	MCC/A	MCC/K	MCC	CSE	BDI
SKILL	--	.30**	.41**	.90**	-.24**	.15**	.48**	.37**	.53**	-.20**
AWAR		--	.27**	.60**	-.80**	.41**	.07	.22**	.11	-.02
KNOW			--	.66**	-.25**	.30**	.56**	.52**	.22**	-.07
SOCS				--	-.55**	.32**	.52**	.47**	.45**	-.16*
ATLG					--	-.47**	-.07	-.22**	-.07	.03
MCC/A						--	.42**	.74**	.28**	-.19**
MCC/K							--	.95**	.60**	-.24**
MCC								--	.58**	-.26**
CSE									--	-.25**
BDI										--

Note. SKILL = SOCS Skills Subscale; AWAR = SOCS Awareness subscale; KNOW = SOCS Knowledge subscale; SOCS = Total SOCS; ATLG = Attitudes Toward Lesbians and Gay Men Scale; MCC/A = Multicultural Counseling Knowledge and Awareness Scale – Awareness Subscale; MCC/K = Multicultural Counseling Knowledge and Awareness Scale – Knowledge Subscale; MCC = Multicultural Counseling Knowledge and Awareness Scale – Total Scale; CSE = Counselor Self-Efficacy Scale; BDI = Beck's Depression Inventory. * $p < .05$, 2-tailed. ** $p < .01$, 2-tailed.

Discussion

The main purpose of this study was to develop the Sexual Orientation Counselor Scale, a psychometrically sound instrument to measure the awareness, skills, and knowledge of counselors, psychologists, and trainees when working with LGB issues and individuals. Data from this study provides excellent initial reliability and validity estimates for the SOCS. Overall results from this study

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demonstrate that the SOCS is a psychometrically sound instrument that can assess a counselor's awareness, skills, and knowledge concerning LGB clients. Findings from this study indicate that the process of defining and assessing counselor competency may be similar across different minority or oppressed groups. Considering the similarities and relationships found between multicultural and sexual orientation counselor competency, it reasons that the SOCS can both borrow from and build on previous multicultural counselor competency theory.

Recommendations for the use of the SOCS follow those made by previous multicultural counselor competency researchers (LaFromboise et al., 1991; Ponterotto et al., 1994; Pope-Davis & Dings, 1995). Given the lack of research with the SOCS, it is recommend that this scale not be used to test or evaluate for placement students' or potential students' sexual orientation counselor competency until more research is conducted. This limit notwithstanding, the SOCS does have value in its utility to contribute to future research of sexual orientation and multicultural counselor competency. Three main avenues of future research are recommended for the SOCS, including: (a) further defining sexual orientation counselor competency; (b) outcome evaluation studies; and, (c) further criterion and concurrent validity studies.

Future research on sexual orientation counselor competency promises to uncover areas that seem especially problematic concerning students' ability to work with LGB clients. This information can in turn fuel the invention of precise training interventions to address these problems. For example, this study uncovered the strong relationship between religious conservatism and lower sexual orientation counselor competency. In light of this finding, educators can use this information to develop creative education programs that directly address the complex issues of sexual orientation and religion in the classroom. For example, a potential training intervention could include inviting clergy or others who have both struggled with and positively resolved their homoprejudicial beliefs about LGB individuals to guest lecture. Such interventions would model that one can move from more discriminatory and moralistic attitudes about homosexuality to viewpoints congruent with the ethical and accreditation codes of the American Psychological Association and American Counseling Association (American Counseling Association,

1995; American Psychological Association, 1992). In summary, the development of the SOCS represents opportunities for the psychology profession as a whole to become more accountable and proactive in providing competent psychological services to the LGB community.

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